

**FEC
FORM 3X****REPORT OF RECEIPTS
AND DISBURSEMENTS**
For Other Than An Authorized Committee

Office Use Only

1. NAME OF
COMMITTEE (in full)**USE FEC MAILING LABEL
OR TYPE OR PRINT**Example: If typing, type
over the lines

HCA INC. GOOD GOVERNMENT FUND

ADDRESS (number and street)

PO BOX 550

ONE PARK PLAZA

☐Check if different
than previously
reported. (ACC)

NASHVILLE

TN

37203

2. **FEC IDENTIFICATION NUMBER**

CITY

STATE

ZIP CODE

C00067231

3. IS THIS
REPORT☒NEW
(N)

OR

☐AMENDED
(A)4. **TYPE OF REPORT**

(Choose One)

(a) Quarterly Reports:

☐April 15
Quarterly Report(Q1)☐July 15
Quarterly Report(Q2)☐October 15
Quarterly Report(Q3)☐January 31
Quarterly Report(YE)☐July 31 Mid-Year
Report(Non-election
Year Only) (MY)☐Termination Report
(TER)(b) Monthly
Report
Due On:☐

Feb 20 (M2)

☐

May 20 (M5)

☐

Aug 20 (M8)

☐Nov 20 (M11)
(Non-Election
Year Only)☐

Mar 20 (M3)

☐

Jun 20 (M6)

☐

Sep 20 (M9)

☒Dec 20 (M12)
(Non-Election
Year Only)☐

Apr 20 (M4)

☐

Jul 20 (M7)

☐

Oct 20 (M10)

☐

Jan 31 (YE)

(c) 12-Day
PRE-Election
Report for the:☐

Primary (12P)

☐

General (12G)

☐

Runoff (12R)

☐

Convention (12C)

☐

Special (12G)

Election on

in the
State of(d) 30-Day
Post-Election
Report for the:☐

General (30G)

☐

Runoff (30R)

☐

Special (30S)

Election on

in the
State of

5. Covering Period

11

01

2007

through

11

30

2007

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer

David Anderson

Signature of Treasurer

Electronically Filed by David Anderson

Date

12

18

2007

NOTE : Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g.

Office
Use
Only**FEC FORM 3X**
(Rev. 02/2003)

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name
HCA INC. GOOD GOVERNMENT FUND

Report Covering the Period:

From:

M	M	D	D	Y	Y	Y	Y
1	1	0	1	2	0	0	7

To:

M	M	D	D	Y	Y	Y	Y
1	1	3	0	2	0	0	7

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1 Y Y Y Y 2007		127679.33
(b) Cash on Hand at Beginning of Reporting Period	262558.59	
(c) Total Receipts (from Line 19)	16433.66	299911.90
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	278992.25	427591.23
7. Total Disbursements (from Line 31)	13359.83	161958.81
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	265632.42	265632.42
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D)	0.00	

☒ This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE OF RECEIPTS

FEC Form 3X (Rev. 02/2003)

Page 3

Write or Type Committee Name

HCA INC. GOOD GOVERNMENT FUND

Report Covering the Period:

From:

M M
1 1D D
0 1Y Y Y Y
2 0 0 7

To:

M M
1 1D D
3 0Y Y Y Y
2 0 0 7

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees	9700.00	169625.00
(i) Itemized (use Schedule A)	5850.00	125866.10
(ii) Unitemized	15550.00	295491.10
(iii) TOTAL (add Lines 11(a)(i) and (ii) ➤	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii), (b) and (c)) (Carry Totals to Line 33, page 5) ➤	15550.00	295491.10
12. Transfers From Affiliated/Other Party Committees	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.)	883.66	4420.80
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3)	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	16433.66	299911.90
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	16433.66	299911.90

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. DISBURSEMENTS		COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:			
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		0.00	0.00
(i) Federal Share.....			
(ii) Non-Federal Share.....		0.00	0.00
(b) Other Federal Operating Expenditures.....		359.83	4131.31
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b)).....		359.83	4131.31
22. Transfers to Affiliated/Other Party Committees.....		0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....		10000.00	127650.00
24. Independent Expenditure (use Schedule E)		0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....		0.00	0.00
26. Loan Repayments Made.....		0.00	0.00
27. Loans Made.....		0.00	0.00
28. Refunds of Contributions To:			
(a) Individuals/Persons Other Than Political Committees		0.00	577.50
(b) Political Party Committees		0.00	0.00
(c) Other Political Committees (such as PACs)		0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))		0.00	577.50
29. Other Disbursements.....		3000.00	29600.00
30. Federal Election Activity (2 U.S.C 431(20))			
(a) Shared Federal Election Activity (from Schedule H6)			
(i) Federal Share		0.00	0.00
(ii) "Levin" Share		0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds		0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....		0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..		13359.83	161958.81
32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30(a)(ii) from Line 31).....		13359.83	161958.81

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3)	15550.00	295491.10
34. Total Contribution Refunds (from Line 28(d))	0.00	577.50
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	15550.00	294913.60
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	359.83	4131.31
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	359.83	4131.31

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 6 / 18

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

HCA INC. GOOD GOVERNMENT FUND

A. Full Name (Last, First, Middle Initial)
Michael Abbott

Mailing Address 703 Joan Circle

City State Zip Code
Salem VA 24153

FEC ID number of contributing
federal political committee.

C

Name of Employer
Lewis-Gale Medical Center

Occupation
VP Surgical Svc

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 0 7 / 2 0 0 7

Transaction ID: SA11A1.16505

Amount of Each Receipt this Period

350.00

B. Full Name (Last, First, Middle Initial)
Mark Adams

Mailing Address 950 S Medical Drive

City State Zip Code
Brigham UT 84405

FEC ID number of contributing
federal political committee.

C

Name of Employer
Brigham City Comm. Hosp.

Occupation
CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 0 7 / 2 0 0 7

Transaction ID: SA11A1.16479

Amount of Each Receipt this Period

200.00

C. Full Name (Last, First, Middle Initial)
William Adams

Mailing Address 10350 Carol Street

City State Zip Code
Great Falls VA 22066

FEC ID number of contributing
federal political committee.

C

Name of Employer
Reston Hospital

Occupation
CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 0 7 / 2 0 0 7

Transaction ID: SA11A1.16530

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)

1550.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 7 / 18

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

HCA INC. GOOD GOVERNMENT FUND

A. Full Name (Last, First, Middle Initial) Donald Avery Mailing Address 100 Frist Ct City Columbus State GA Zip Code 31908 FEC ID number of contributing federal political committee. C Name of Employer Hughston Orthopedic Hospital Occupation CEO Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00		Date of Receipt MM / DD / YYYY 11 / 07 / 2007 Transaction ID: SA11A1.16502 Amount of Each Receipt this Period 500.00
B. Full Name (Last, First, Middle Initial) Jim Bills Mailing Address 3618 Bailey Ct City State TX Zip Code FEC ID number of contributing federal political committee. C Name of Employer Texas Orthopedic Occupation CFO Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 300.00		Date of Receipt MM / DD / YYYY 11 / 07 / 2007 Transaction ID: SA11A1.16477 Amount of Each Receipt this Period 300.00
C. Full Name (Last, First, Middle Initial) Norene Bowers Mailing Address 2201 Saratoga Lane City Glendora State CA Zip Code 91765 FEC ID number of contributing federal political committee. C Name of Employer Riverside Community Hosp. Occupation CNO Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00		Date of Receipt MM / DD / YYYY 11 / 07 / 2007 Transaction ID: SA11A1.16501 Amount of Each Receipt this Period 500.00

SUBTOTAL of Receipts This Page (optional)

1300.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 8 / 18

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

HCA INC. GOOD GOVERNMENT FUND

A. Full Name (Last, First, Middle Initial)
Robin Broughman
Mailing Address 4005 Callaghan Cir

City State Zip Code
Covington VA 24426

FEC ID number of contributing
federal political committee.

C

Name of Employer
Alleghany Regional

Occupation
CNO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 0 7 / 2 0 0 7

Transaction ID: SA11A1.16498

Amount of Each Receipt this Period

350.00

B. Full Name (Last, First, Middle Initial)
William S. Bynum
Mailing Address 603 Mayfield Street

City State Zip Code
Summerville SC 29485

FEC ID number of contributing
federal political committee.

C

Name of Employer
Colleton Medical Center

Occupation
VP Bus. Development

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 0 7 / 2 0 0 7

Transaction ID: SA11A1.16491

Amount of Each Receipt this Period

350.00

C. Full Name (Last, First, Middle Initial)
Cindy Glover
Mailing Address 12034 Edgemere Circle

City State Zip Code
Reston VA 20190

FEC ID number of contributing
federal political committee.

C

Name of Employer
Reston Hospital

Occupation
CNO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 0 7 / 2 0 0 7

Transaction ID: SA11A1.16542

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

1200.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 9 / 18

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

HCA INC. GOOD GOVERNMENT FUND

Full Name (Last, First, Middle Initial)

A. Tara Hafner-Burton

Mailing Address 1812 Parkview Drive

City State Zip Code
 Houston TX 77030

FEC ID number of contributing federal political committee.

C

Name of Employer
Texas Orthopedic HospitalOccupation
CNO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
 1 1 / 0 7 / 2 0 0 7

Transaction ID: SA11A1.16478

Amount of Each Receipt this Period

300.00

Full Name (Last, First, Middle Initial)

B. Anna Jonason

Mailing Address PO Box 428

City State Zip Code
 Goose Creek SC 29445

FEC ID number of contributing federal political committee.

C

Name of Employer
Colleton Medical CenterOccupation
CNO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y
 1 1 / 0 7 / 2 0 0 7

Transaction ID: SA11A1.16503

Amount of Each Receipt this Period

350.00

Full Name (Last, First, Middle Initial)

C. Jon Millirones

Mailing Address 4048 Poplar Grove Dr

City State Zip Code
 Vinton VA 24179

FEC ID number of contributing federal political committee.

C

Name of Employer
Lewis-Gale Med CtrOccupation
VP Cardiovascular

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y
 1 1 / 0 7 / 2 0 0 7

Transaction ID: SA11A1.16521

Amount of Each Receipt this Period

350.00

SUBTOTAL of Receipts This Page (optional)

1000.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 10 / 18

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

HCA INC. GOOD GOVERNMENT FUND

A. Full Name (Last, First, Middle Initial) Jane Raymond Mailing Address 20338 Clifton Points Street City Potomac Falls State VA Zip Code 20165 FEC ID number of contributing federal political committee. C Name of Employer Reston Hospital Occupation COO Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00		Date of Receipt MM / DD / YYYY 11 / 07 / 2007 Transaction ID: SA11A1.16550 Amount of Each Receipt this Period 500.00
B. Full Name (Last, First, Middle Initial) Angela Reynolds Mailing Address 185 Island Green Rd City Daleville State VA Zip Code 24083 FEC ID number of contributing federal political committee. C Name of Employer Lewis Gale Med. Ctr. Occupation CFO Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00		Date of Receipt MM / DD / YYYY 11 / 07 / 2007 Transaction ID: SA11A1.16525 Amount of Each Receipt this Period 500.00
C. Full Name (Last, First, Middle Initial) Terika Richardson Mbanu Mailing Address 43507 Evian Lane City Chantilly State VA Zip Code 20152 FEC ID number of contributing federal political committee. C Name of Employer Reston Hospital Occupation Assoc. Admin. Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 350.00		Date of Receipt MM / DD / YYYY 11 / 07 / 2007 Transaction ID: SA11A1.16549 Amount of Each Receipt this Period 350.00

SUBTOTAL of Receipts This Page (optional)

1350.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 11 / 18

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

HCA INC. GOOD GOVERNMENT FUND

A. Full Name (Last, First, Middle Initial) Ed Stojakovich		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 0 7 / 2 0 0 7
Mailing Address 638 Nalls Farm Way		
City	State	Zip Code
Great Falls	VA	22066
FEC ID number of contributing federal political committee.		Transaction ID: SA11A1.16561
Name of Employer Reston Hospital		Amount of Each Receipt this Period 500.00
Occupation CFO		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 500.00

B. Full Name (Last, First, Middle Initial) John Anthony Taylor		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 0 7 / 2 0 0 7
Mailing Address PO Box 424		
City	State	Zip Code
Cottageville	SC	29435
FEC ID number of contributing federal political committee.		Transaction ID: SA11A1.16484
Name of Employer Colleton Medical Ctr		Amount of Each Receipt this Period 350.00
Occupation VP Operations		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 350.00

C. Full Name (Last, First, Middle Initial) Herman Thompson		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 0 7 / 2 0 0 7
Mailing Address 203 Carolinian Dr		
City	State	Zip Code
Summerville	SC	29485
FEC ID number of contributing federal political committee.		Transaction ID: SA11A1.16490
Name of Employer Colleton Medical Ctr		Amount of Each Receipt this Period 350.00
Occupation CFO		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 350.00

SUBTOTAL of Receipts This Page (optional)

1200.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 12 / 18

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

HCA INC. GOOD GOVERNMENT FUND

A. Full Name (Last, First, Middle Initial) James Thweatt Mailing Address 135 Ferrum Drive City Salem State VA Zip Code 24153 FEC ID number of contributing federal political committee. C Name of Employer Lewis-Gale Medical Center Occupation CEO Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 1000.00			Date of Receipt MM / DD / YYYY 11 / 07 / 2007 Transaction ID: SA11A1.16527 Amount of Each Receipt this Period 1000.00
B. Full Name (Last, First, Middle Initial) Timothy C. Tobin Mailing Address 1100 McCormick Blvd City Clifton Forge State VA Zip Code 24422 FEC ID number of contributing federal political committee. C Name of Employer Alleghany Regional Occupation CEO Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 600.00			Date of Receipt MM / DD / YYYY 11 / 07 / 2007 Transaction ID: SA11A1.16496 Amount of Each Receipt this Period 600.00
C. Full Name (Last, First, Middle Initial) Charlotte Tyson Mailing Address 565 Frontier Way City Fincastle State VA Zip Code 24090 FEC ID number of contributing federal political committee. C Name of Employer Lewis-Gale Medical Center Occupation COO Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00			Date of Receipt MM / DD / YYYY 11 / 07 / 2007 Transaction ID: SA11A1.16528 Amount of Each Receipt this Period 500.00

SUBTOTAL of Receipts This Page (optional)

2100.00

TOTAL This Period (last page this line number only)

9700.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 13 / 18

(check only one)

☐ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☒ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

HCA INC. GOOD GOVERNMENT FUND

A. Full Name (Last, First, Middle Initial) Suntrust Bank		Date of Receipt M M / D D / Y Y Y Y 1 1 / 0 1 / 2 0 0 7
Mailing Address P.O. Box 622227		
City Orlando	State FL	Zip Code 32862-2227
FEC ID number of contributing federal political committee. C		Transaction ID: SA17.16566
Name of Employer 		Amount of Each Receipt this Period 883.66
Occupation 		interest income from bank statement
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 4420.80

SUBTOTAL of Receipts This Page (optional)

883.66

TOTAL This Period (last page this line number only)

883.66

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 14 / 18

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)

HCA INC. GOOD GOVERNMENT FUND

A. Full Name (Last, First, Middle Initial)
Suntrust Bank

Mailing Address P.O. Box 622227

City
Orlando

State
FL

Zip Code
32862-2227

Purpose of Disbursement
account analysis fees from bank stmt

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State:

District:

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB21B.16567

Date of Disbursement

/ /

Amount of Each Disbursement this Period

359.83

SUBTOTAL of Disbursements This Page (optional)

359.83

TOTAL This Period (last page this line number only)

359.83

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 15 / 18

☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)

HCA INC. GOOD GOVERNMENT FUND

Full Name (Last, First, Middle Initial)

A. CHAMBLISS FOR SENATE

Mailing Address POST OFFICE BOX 12469

City ATLANTA State GA Zip Code 30355

Purpose of Disbursement
fundraiser

Candidate Name
CHAMBLISS FOR SENATE

Category/
Type

Office Sought: ☐ House
☒ Senate
☐ President

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: GA District: 00

Transaction ID: SB23.16464

Date of Disbursement

11 / 20 / 2007

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. FRIENDS OF JOHN BARROW

Mailing Address PO Box 8166

City Savannah State GA Zip Code 31412

Purpose of Disbursement
fundraiser

Candidate Name
FRIENDS OF JOHN BARROW

Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: GA District: 12

Transaction ID: SB23.16470

Date of Disbursement

11 / 20 / 2007

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. GILLIBRAND FOR CONGRESS

Mailing Address P.O. Box 15734

City Washington State DC Zip Code 20003

Purpose of Disbursement
fundraiser

Candidate Name
GILLIBRAND FOR CONGRESS

Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: NY District: 20

Transaction ID: SB23.16466

Date of Disbursement

11 / 20 / 2007

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional)

3000.00

TOTAL This Period (last page this line number only)

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 16 / 18

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)

HCA INC. GOOD GOVERNMENT FUND

Full Name (Last, First, Middle Initial)

A. LEWIS, RON

Mailing Address PO Box 307

City
ElizabethtownState
KYZip Code
42702Purpose of Disbursement
fundraiserCandidate Name
LEWIS, RONCategory/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: KY District: 02

Transaction ID: SB23.16475

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	2	9	/	2	0	7	

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. MELISSA BEAN FOR CONGRESS

Mailing Address POST OFFICE BOX 3068

City
BARRINGTONState
ILZip Code
60010Purpose of Disbursement
fundraiserCandidate Name
MELISSA BEAN FOR CONGRESSCategory/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: IL District: 08

Transaction ID: SB23.16468

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	2	0	/	2	0	7	

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Re-Elect Hatch Committee

Mailing Address 104 Hart Senate Office Bldg

City
WashingtonState
DCZip Code
20510Purpose of Disbursement
campaignCandidate Name
Re-Elect Hatch CommitteeCategory/
TypeOffice Sought: ☐ House
☒ Senate
☐ PresidentDisbursement For: 2012
☒ Primary ☐ General
☐ Other (specify) ▼

State: UT District:

Transaction ID: SB23.16473

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	2	3	/	2	0	7	

Amount of Each Disbursement this Period

5000.00

SUBTOTAL of Disbursements This Page (optional)

7000.00

TOTAL This Period (last page this line number only)

10000.00

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 17 / 18

☐ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☒ 29 ☐ 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)

HCA INC. GOOD GOVERNMENT FUND

Full Name (Last, First, Middle Initial)

A. Berke for State Senator

Mailing Address PO Box 4747

City State Zip Code
 Chattanooga TN 37405

Purpose of Disbursement
 fundraiser

Candidate Name
 Berke for State Senator

Category/
 Type

Office Sought: ☐ House ☒ Senate ☐ President
 Disbursement For: 2007 ☐ Primary ☒ General
☐ Other (specify) ▼

State: TN District: 10

Transaction ID: SB29.16462

Date of Disbursement

11 / 05 / 2007

Amount of Each Disbursement this Period

500.00

Full Name (Last, First, Middle Initial)

B. Bill Ketron for State Senate

Mailing Address 805 South Church Street
 Suite 12

City State Zip Code
 Murfreesboro TN 37130

Purpose of Disbursement
 fundraiser

Candidate Name
 Bill Ketron for State Senate

Category/
 Type

Office Sought: ☐ House ☒ Senate ☐ President
 Disbursement For: 2008 ☒ Primary ☐ General
☐ Other (specify) ▼

State: TN District: 13

Transaction ID: SB29.16461

Date of Disbursement

11 / 05 / 2007

Amount of Each Disbursement this Period

500.00

Full Name (Last, First, Middle Initial)

C. Debra Maggart for State Rep

Mailing Address 112 La Bar Drive

City State Zip Code
 Hendersonville TN 37075

Purpose of Disbursement
 fundraiser

Candidate Name
 Debra Maggart for State Rep

Category/
 Type

Office Sought: ☒ House ☐ Senate ☐ President
 Disbursement For: 2008 ☒ Primary ☐ General
☐ Other (specify) ▼

State: TN District: 45

Transaction ID: SB29.16457

Date of Disbursement

11 / 05 / 2007

Amount of Each Disbursement this Period

500.00

SUBTOTAL of Disbursements This Page (optional)

1500.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 18 / 18

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)

HCA INC. GOOD GOVERNMENT FUND

Full Name (Last, First, Middle Initial)

A. REPUBLICAN PARTY OF KENTUCKY

Mailing Address PO BOX 1068

City
FRANKFORT

State
KY

Zip Code
40602

Purpose of Disbursement
fundraiser

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB29.16472

Date of Disbursement

11 / 28 / 2007

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Tom DuBois for State Representative

Mailing Address 925 West 7th St

City
Columbia

State
TN

Zip Code
38401

Purpose of Disbursement
fundraiser

Candidate Name
Tom DuBois for State Representative

Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: TN District: 64

Transaction ID: SB29.16459

Date of Disbursement

11 / 05 / 2007

Amount of Each Disbursement this Period

500.00

SUBTOTAL of Disbursements This Page (optional)

1500.00

TOTAL This Period (last page this line number only)

3000.00